THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Indian companies are importing vaccines from China after complying with statutory provision made for Import and Registration under Drugs and Cosmetics Act, 1940 and Rules thereunder. Under the Import Registration Rules, the applicant shall be liable for the payment of a fee of five thousand US dollar for expenditure as may be required for inspection or visit of the manufacturing premises or drugs, by the licensing authority or by any other persons to whom powers have been delegated in the behalf by the licensing authority.

(c) The following Indian firm have been registered for import of vaccine from Chinese source during the last year;

(i) M/s Wockhardt Limited, Mumbai

(ii) M/s Caplin Point Laboratories Ltd., Chennai

In respect of quality checks, each batch of Imported Vaccine along with its corresponding quality control protocols are sent to Central Drugs Laboratory, Kasauli for Batch Release certificate before marketing in the country.

Health warning on packets of tobacco products

†3491. SHRI RUDRA NARAYAN PANY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is mandatory to put the logo of danger alongwith health warning on the packings of tobacco products;

(b) if so, the details thereof;

(c) whether some of the tobacco products have been given exemption from this legal requirement;

(d) if so, the details thereof; and

(e) the steps taken by Government to bring all tobacco products under this regulation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Section 8 of the "The Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" provides for display of specified health warnings which includes pictorial warning on a package of all tobacco products. No tobacco product has been given exemption.

Pursuant to the provision of the Act, The Cigarette and Other Tobacco Products (Packaging and Labeling) Rules, 2008 has been notified, whereby it is mandatory for all tobacco products to carry specified health warnings including pictorial warning on the packs.

The date for implementation of the Rules shall be notified separately.

Maternal and child mortality rates

3492. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

† *Original notice of the question was received in Hindi.*

(a) whether the country is lagging behind to effectively tackle the maternal and child mortality rates;

(b) if so, whether any serious steps are being taken to arrest the phenomenon;

(c) if so, the details thereof;

(d) the break-up of said rates in the State of Andhra Pradesh and financial allocations made during the last three years, District-wise; and

(e) the measures taken to sensitise the doctors and the machinery in Hyderabad during the said period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) As per the office of Registrar General of India (RGI-SRS, 2001-03) the Maternal Mortality Ratio has declined from 398 per 100,000 live births (1997-98) to 301 per 100,000 live births 2001-03). The same source reports a reduction in Child Mortality Rate (0-4 years) from 26.5 (SRS 2001) to 17.0 (SRS 2006) per 1,000 population of the corresponding age group. The Maternal Mortality Ratio and Child Mortality Rate for India and major States are given in Statement I and II respectively (*see* below). To further increase the pace of reduction in Maternal Mortality Ratio and Child Mortality Rate, under the National Rural Health Mission (NRHM) and within its umbrella, the Reproductive and Child Health Programme Phase II, launched by the Government of India in the year 2005, the following key strategies and interventions are being implemented all over the country, with a special focus on 18 High focus States with weak public health infrastructure and poor indicators:

- Integrated Management of Neonatal and Childhood IIInesses (IMNCI) which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality—sepsis, acute respiratory infections, diarrhoea, measles and malaria.
- New Born and Child Care, both facility based as well as home based.
- Infant and Young Child Nutrition.
- Micronutrient supplementation with Vitamin A, Iron Folic Acid and Zinc.
- Universal Immunization Programme (UIP).
- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women;
- Operationalising Community Health Centres as First Referral Units (FRUs) and 50% of all Primary Health Centres for providing 24x7 services.
- Augmenting the availability of skilled manpower by means of different skill-based trainings such as for providing Skilled Attendance at Birth; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarian Section;
- Prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets.
- Organizing Village Health and Nutrition Day at Anganwadi Centers.

- Supplementary nutrition is provided to pregnant and lactating women under the Integrated Child Development Scheme (ICDS) of the Ministry of Women and Child Development.
- Appointment of An Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community including pregnant women.
- Implementation of Indian Public Health Standards (IPHS) for Primary Healthcare Facilities, including District Hospitals, CHCs and PHCs to improve quality of services by providing infrastructure, equipment and specialist man-power.
- Strengthening of Health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery.
- Setting up of Rogi Kalyan Samitis (Hospital Management Committees) at District Hospitals, CHCs and PHCs.
- Setting up of Village Health and Sanitation Committees at village level.

RGI-SRS does not provide the district-wise Maternal Mortality Ratio and Child Mortality Rate.

The financial allocations made by the State of Andhra Pradesh (district-wise) for the last three years are given in Statement-III (*See* below).

The following measures are being taken by the State Government of Andhra Pradesh to sensitize the doctors and machinery in Hyderabad:

- Monthly review meetings are conducted at State level with the District Medical and Health Officer and other District Programme Officers.
- Fortnightly video conferences are conducted with all the District Level Officers to review the programmes.
- Training programmes are conducted for various health functionaries including the doctors.

Statement-I

Maternal Mortality Ratio

India and State-wise

(Source: RGI, (SRS), 1997-98, 1999-01, 2001-03)

Major State	MMR (1997-98)	MMR (1999-01)	MMR (2001-03)
India Total*	**398**	**327**	**301**
Assam	568	398	490
Bihar/Jharkhand	531	400	371
Madhya Pradesh/Chhattisgarh	441	407	379

*: Include Others

1	2	3	4
Orissa	346	424	358
Rajasthan	508	501	445
Uttar Pradesh / Uttaranchal	606	539	517
Andhra Pradesh	197	220	195
Karnataka	245	266	228
Kerala	150	149	110
Tamil Nadu	131	167	134
Gujarat	46	202	172
Haryana	136	176	162
Maharashtra	166	169	149
Punjab	280	177	178
West Bengal	303	218	194
Others	-	276	235

Statement-II

Child Mortality Rate (0-4 years)

India/Major States	Total					
	2001	2002	2003	2004	2005	2006
INDIA	**26.5**	**17.8**	**17.4**	**17.0**	**17.3**	**17.0**
Andhra Pradesh	19.0	15.4	15.2	13.8	14.8	15.2
Assam	27.3	22.7	22.4	21.3	19.7	19.7
Bihar	34.4	17.2	17.4	16.8	20.1	18.5
Chhattisgarh				19.3	20.2	18.4
Delhi				7.6	8.3	9.3
Gujarat	24.7	18.4	16.7	16.0	16.0	16.2
Haryana	29.7	17.5	16.6	17.7	17.8	16.2
Himachal Pradesh	13.7	14.4	10.0	11.9	13.5	10.5
J&K				11.7	12.0	12.3
Jharkhand				13.8	16.1	15.4
Karnataka	20.7	14.8	14.4	12.8	13.1	12.5
Kerala	3.6	2.2	2.7	3.0	3.4	3.2
Madhya Pradesh	35.4	25.9	26.7	26.9	24.6	24.3
Maharashtra	14.7	10.4	9.9	8.7	8.6	8.8
Orissa	25.6	24.6	23.3	22.2	21.4	22.0
Punjab	17.5	14.8	14.6	12.2	11.3	11.0
Rajasthan	39.9	22.3	21.8	21.0	20.3	22.4
Tamil Nadu	13.8	10.6	10.4	10.1	9.0	9.2
Uttar Pradesh	36.8	24.5	23.8	24.3	24.7	23.9
West Bengal	18.6	12.4	11.9	10.4	10.0	9.7

Source: RGI, SRS

Statement-III

Budget allocations made for the years 2005-06 *to* 2007-08 *for Maternal Health Care and Child Health Care in the State of Andhra Pradesh*

(Rupees in lakhs)

Sl. No.	District	Maternal Health Care				Child Health Care			
		2005-06	2006-07	2007-08	Total	2005-06	2006-07	2007-08	Total
1.	Srikakulam	126.16	321.09	309.55	756.80	0.00	18.63	0.00	18.63
2.	Vizianagaram	117.79	379.47	346.96	844.22	0.00	16.14	4.02	20.16
3.	Visakhapatnam	133.59	384.24	281.34	799.17	0.00	21.73	0.00	21.73
4.	East Godavari	160.31	464.16	324.94	949.41	0.00	21.88	0.00	21.88
5.	West Godavari	123.15	345.99	0.00	469.14	0.00	0.00	0.00	0.00
6.	Krishna	117.67	303.73	257.28	678.69	0.00	12.10	0.00	12.10
7.	Guntur	122.30	368.16	366.54	857.00	0.00	14.94	3.90	18.84
8.	Prakasam	113.80	321.68	363.30	798.77	0.00	16.68	1.50	18.18
9.	Nellore	97.98	278.45	206.81	583.23	0.00	18.53	0.90	19.43
10.	Chittoor	159.80	347.24	405 97	913.00	0.00	20.94	0.00	20.94
11.	Cuddapah	128.24	357.61	277.53	763.37	0.00	15.99	1.08	17.07
12.	Anantapur	160 25	416.45	363.20	939.90	0.00	23.17	0.00	23.17
13.	Kurnool	137.87	392.50	321.80	852.17	0.00	17.83	1.08	18.91
14.	Mahabubnagar	159.50	433.83	344.93	938.26	0.00	21.02	1.62	22.64
15.	Rangareddy	101.90	184.74	249.16	535.80	0.00	11.96	1.32	13.28
16.	Hyderabad	66.31	48.23	156.46	270.99	0.00	0.00	0.00	0.00
17.	Medak	114.19	283.72	279.96	677.88	0.00	13.08	0.00	13.08
18.	Nizamabad	96.72	248.58	211.77	557.08	0 00	13.59	0.00	13.59
19.	Adilabad	117.91	329.52	225.39	672.83	0.00	18.14	0.00	18.14
20.	Karimnagar	110.72	377.28	304.52	792.72	0.00	23.12	1.08	24.20
21.	Warrangal	116.19	317.22	242.57	675.98	0.00	14.26	1.32	15.58
22.	Khammam	105.64	346.65	262.47	714.76	0.00	19.58	1.08	20.66
23.	Nalgonda	112.73	370.95	257.50	741.18	0.00	11.53	3.30	14.83
		2800.72	**7621.47**	**6359.96**	**16782.15**	**0.00**	**364.85**	**22.20**	**387.05**

Source: Office of the Mission Director (NRHM), Government of Andhra Pradesh

OPD treatment in empanelled hospitals/nursing homes

3493. SHRI KANJIBHAI PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the CGHS beneficiaries are not allowed to get OPD treatment facility in the empanelled hospitals/nursing homes;